



Coding Audits and Denial Management



Pena4 appreciates the role that accurate medical coding and audit programs play in ensuring quality data and improving revenue. Preventative action is critical and audits are a practical approach.

Whether to validate code assignment, check DRG selection or review coding compliance, Pena4's expert auditors deliver an unbiased view of quality and accuracy. Each audit is tailored to meet the client's specific needs and expectations.

Less Risk. More Peace of Mind.

Our credentialed auditors pinpoint areas of revenue vulnerability and identify opportunities for financial and coding performance improvement. Flexible single, monthly, quarterly or annual audit programs are available.

Pena4's Coding Audit and Denial Management Program includes:

- Kick-off Meeting: Onsite event to determine the most cost-efficient, impactful audit scope and methodology.
- Target Selection: Identify specific focus for each audit or review including high-risk diagnosis and DRGs, principal diagnosis, principal procedure, and specific CC or MCC conditions.
- Validation Review: Complete validation of all diagnosis code assignments, procedure codes, sequencing and code specificity to ensure compliance with correct coding rules and latest guidelines. Validation (retrospective or concurrent) of all DRG (MS/APR) assignments is also provided.
- Opportunity Improvement Report: Define all documentation improvement and coder education opportunities including a comprehensive report of all findings and recommendations.
- Customized Education: Education and training program options are also available to address specific coder knowledge gaps and clinical documentation insufficiencies identified throughout the project.

Benefits of Choosing Pena4

- Unparalleled team of credentialed Coding Auditors
- Our team of experienced auditors has on average 15 years HIM experience
- Customized comprehensive auditing tool that compiles the audit data and generates meaningful reports and information
- Remote audit capabilities: no additional space needed
- Flexible scheduling: single, monthly, quarterly, periodic or annual



After the Audit:

Focus on ICD-10 Specificity and Financial Impact

ICD-10 elevated the need for specific code assignment. Any use of unspecified codes will most probably result in claims denials and recovery contractor reviews. Upon completion of Pena4's audit and validation of a satisfactory rate for DRG assessments, our expert team takes a closer look at any unspecified diagnosis or procedure codes uncovered during the review to:

- Define unspecified code rate
- Uncover possible causes and opportunities for improvement
- Report missed query opportunities
- Determine financial impact
- Recommend targeted education for coders, CDI specialists and physicians

Pena4 Audit Program Deliverables

Specific data that our auditors identify and use to summarize clients' findings.

Client Deliverable	Inpatient Audit	Outpatient Audit
HOC Reviewer ID	X	X
Coder ID	X	X
Number of records reviewed	X	X
Number of changes	X	X
DRG Changes	X	
APC Changes		X
APC accuracy rate		X
E&M Level changes		X
Modifier changes		X
Patient Status changes	X	
Severity of illness changes	X	
DRG accuracy rate	X	
Principal diagnosis accuracy rate	X	
Overall coding accuracy rate	X	X
CC/MCC accuracy rate	X	
Financial impact	X	X
Reason for change	X	X
Summary of errors by ICD-10 CM chapter	X	
Summary of errors by ICD-10 PCS chapter	X	
Summary of errors by CPT section		X
Rationale for changes with specific coding guideline references	X	X

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